

PM Health Effects: Susceptible Populations

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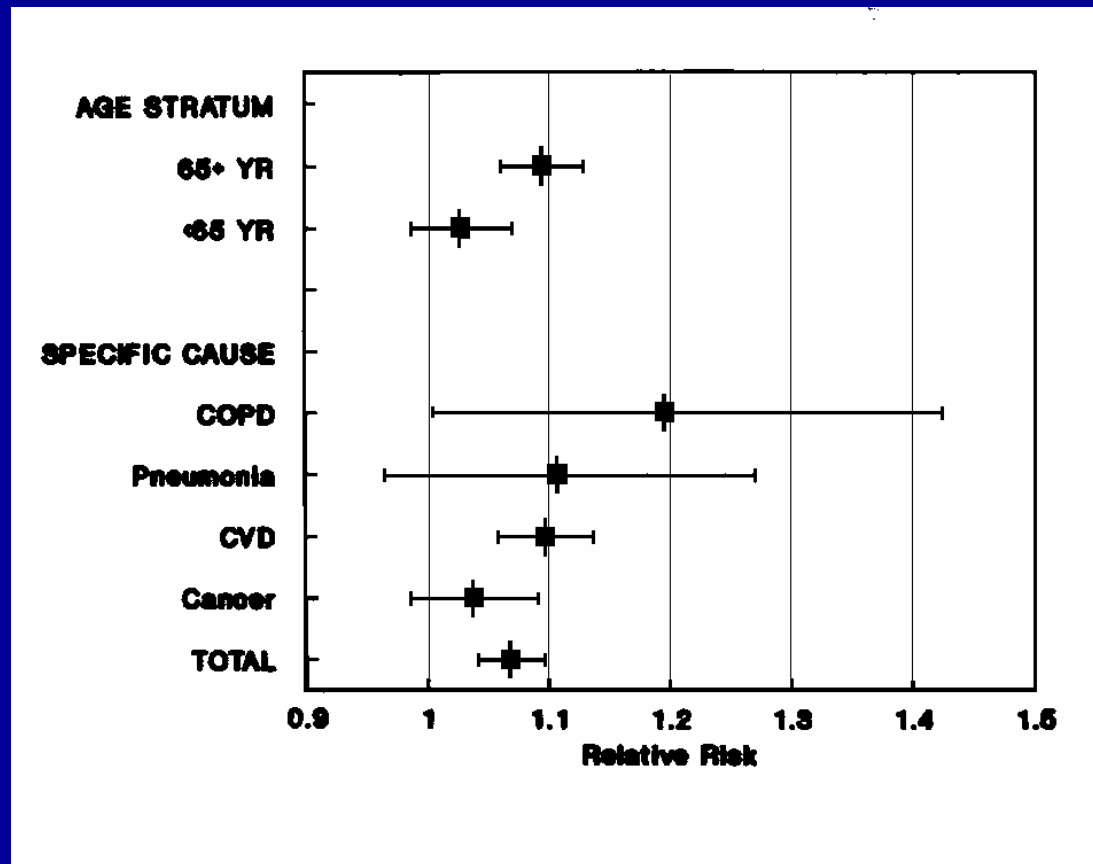
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Susceptible Populations: What Did We Understand In 1998?

- The lung was the portal of entry and the target organ for PM
- Susceptible populations were primarily those with underlying lung disease
- Evidence was emerging linking PM with cardiac mortality and hospital admissions

Acute Mortality Associated with Ambient PM Concentration



Schwartz et al., 1992

Who is Susceptible?

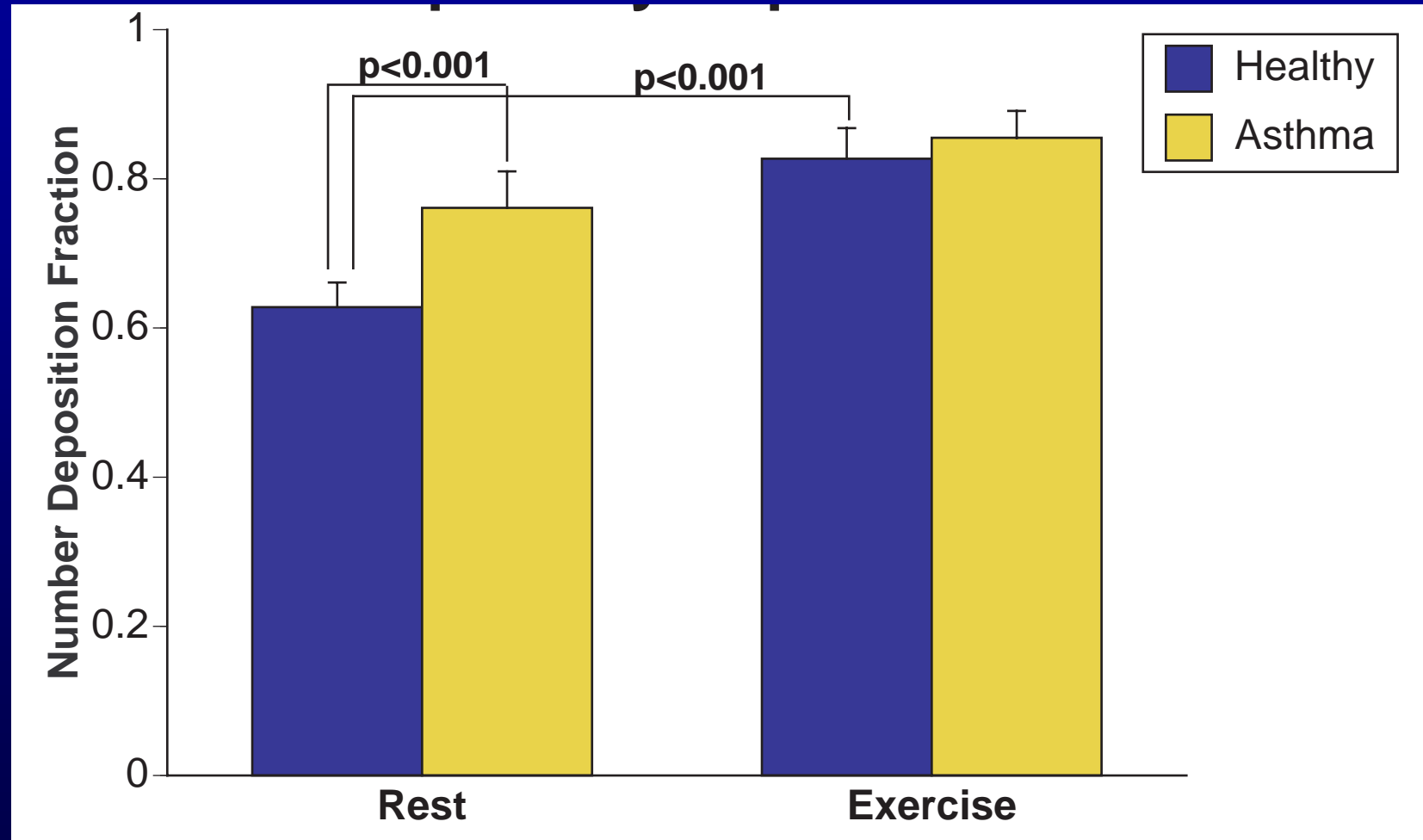
- Elderly populations
- Children
- Cardiovascular disease - atherosclerosis - MI, arrhythmia, congestive heart failure
- Diabetics
- Acute and chronic lung disease -- asthma, COPD, respiratory infections

Susceptible Populations: PM Dosimetry

- Total mass or numbers of particles deposited in the lung may be a susceptibility modifier
- Respiratory diseases effect total PM deposition, distribution and clearance
- Activity state also effects total deposition

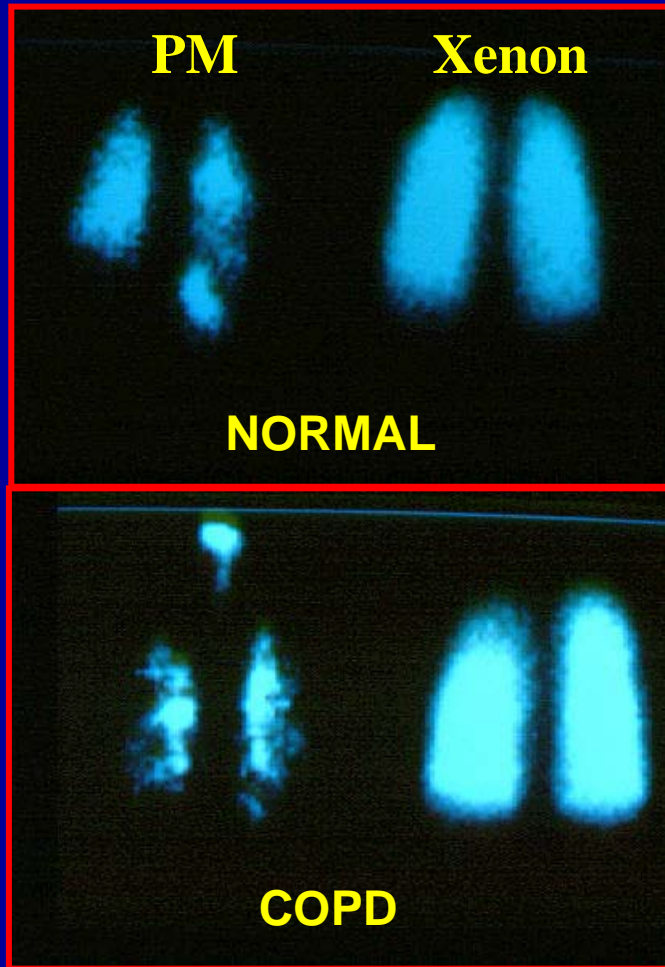
PM and Health : Susceptibility

Respiratory Deposition of UFP

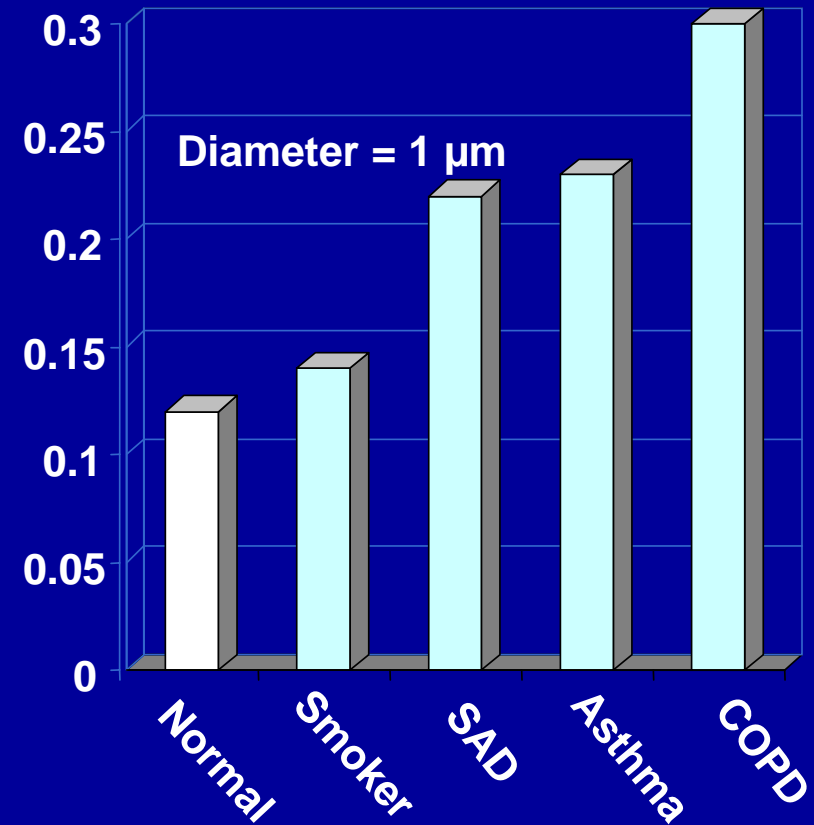


Chalupa et al., 2004

Dosimetry & Fate of Deposited PM



Fractional Deposition



Bennett et al., 1993, 2002

Kim et al.,

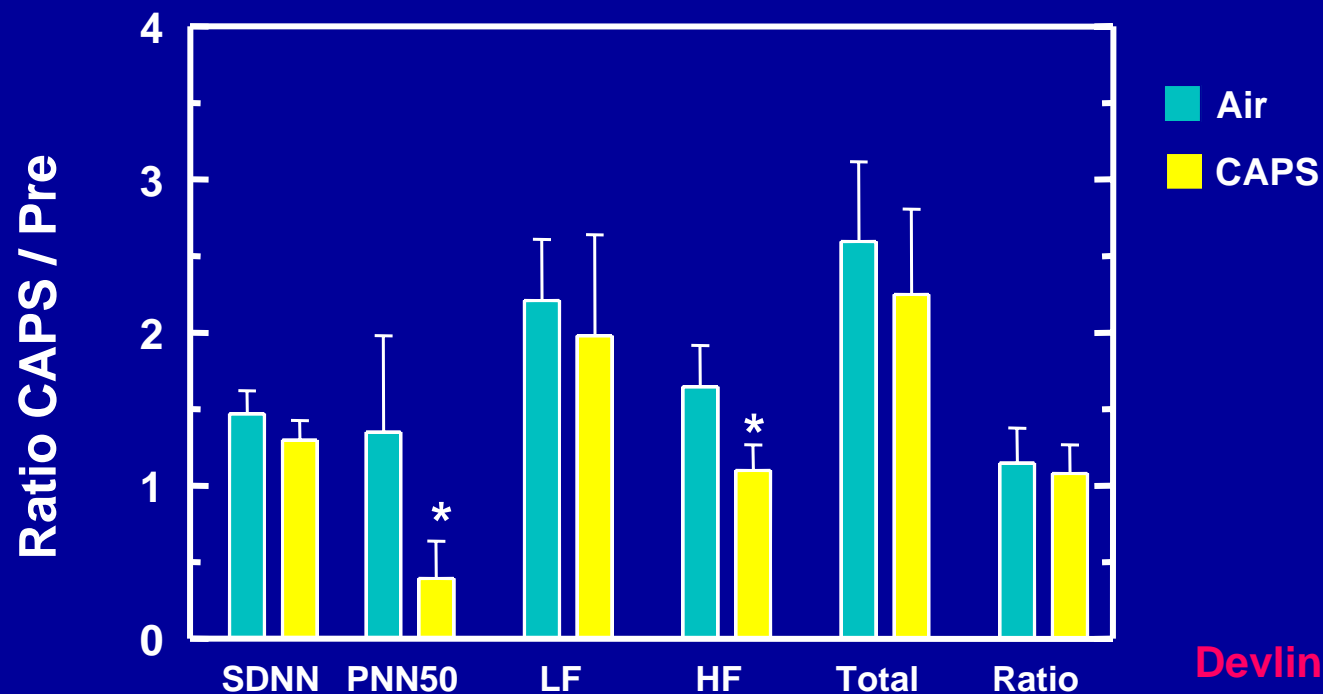
1997

Susceptible Populations: Elderly

- Panel studies and clinical inhalation studies reveal changes in blood coagulation and cardiac function
- Studies with older animals demonstrate markers of increased susceptibility

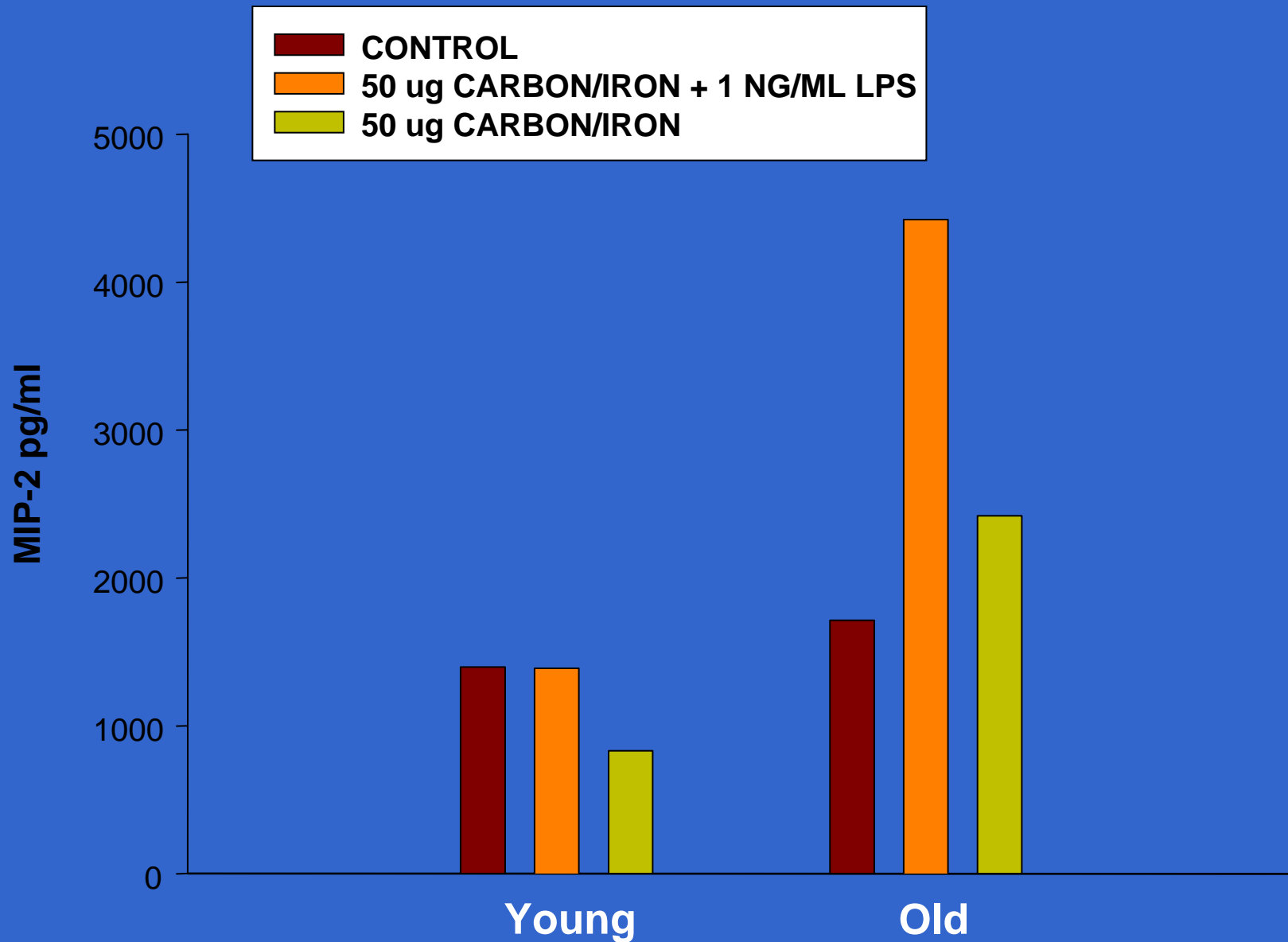
Exposure of Elderly People to CAPs Causes Decreased HRV

- Elderly subjects were exposed to clean air and concentrated ambient air particles (CAPs) for 2 hours, on two separate occasions
- HRV was assessed immediately hours after exposure.



Devlin et al., 2002

Effect of Age on Macrophage MIP-2 Production



Finkelstein et al., 2003

Susceptible Populations: CVD

- Epidemiologic studies have linked underlying ischemic disease with MI, arrhythmia, and CHF
- Panel studies have confirmed susceptibility of elderly with CVD
- Animal studies demonstrate ischemic events in animals with coronary narrowing

PM Can Trigger Myocardial Infarction

772 MI patients who survived 24-hours and completed interview

OR = 1.48 (1.09-2.02) for a
25 $\mu\text{g}/\text{m}^3$ increment in two-hour $\text{PM}_{2.5}$

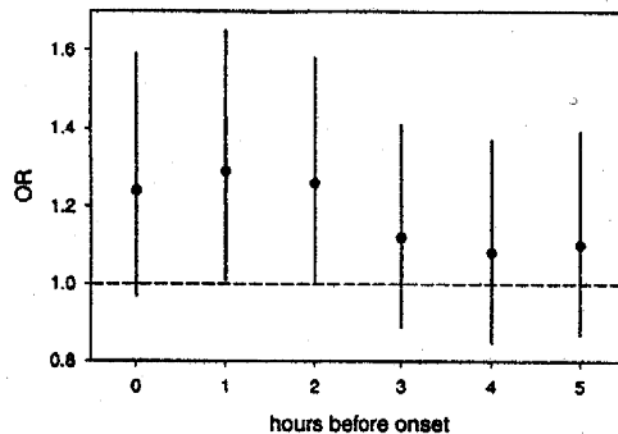


Figure 1. Univariate analyses for association between onset of MI and hourly concentrations of $\text{PM}_{2.5}$. Odds ratios and 95% CIs for an increase of 25 $\mu\text{g}/\text{m}^3$ $\text{PM}_{2.5}$.

OR = 1.69 (1.13-2.34) for a
20 $\mu\text{g}/\text{m}^3$ increment in 24-hour $\text{PM}_{2.5}$

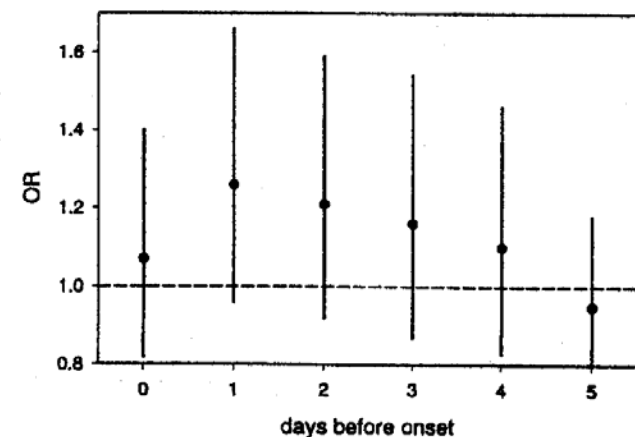
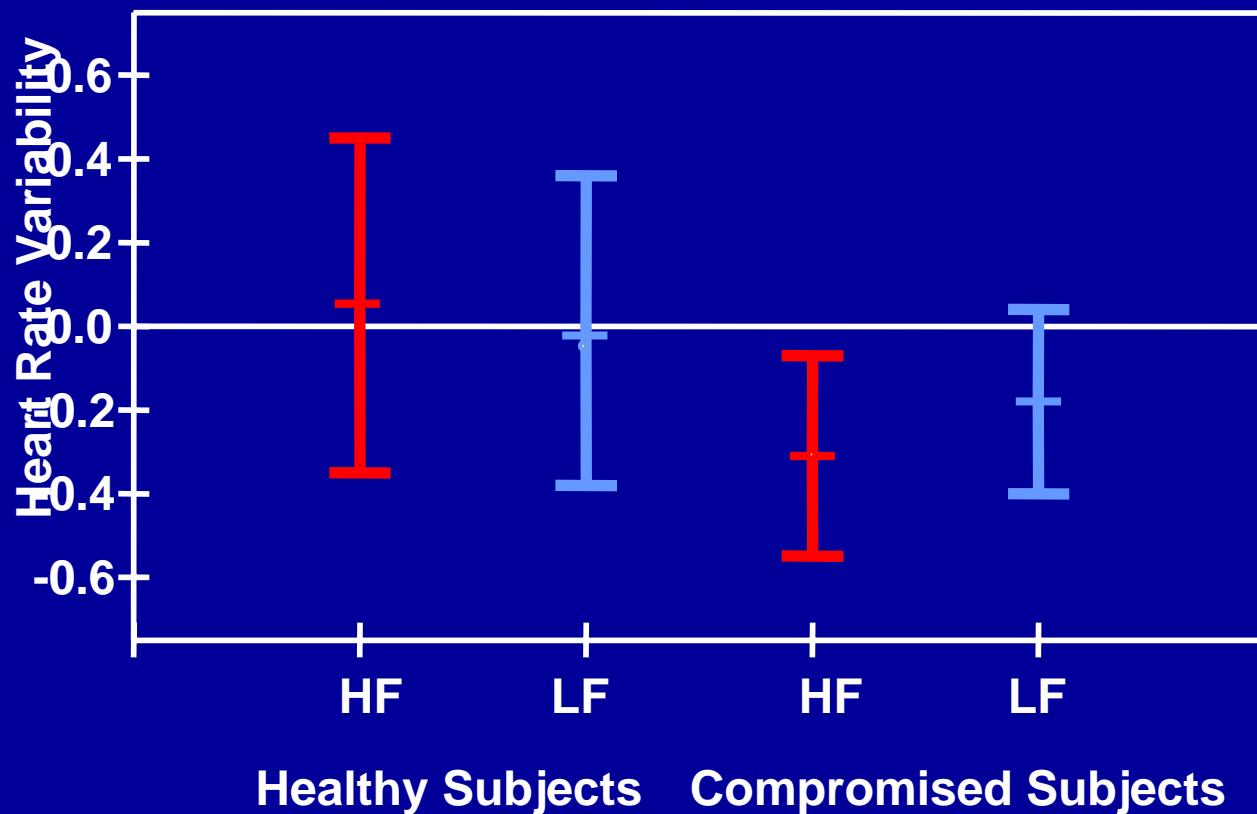
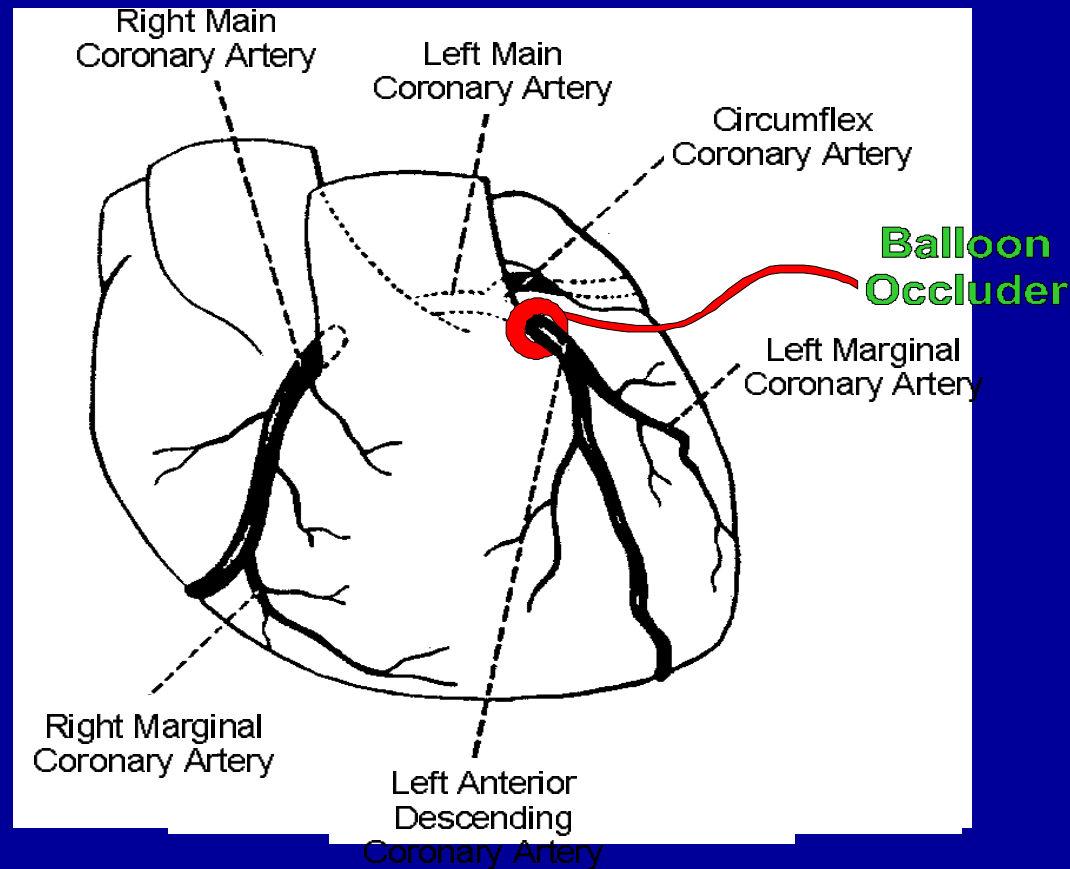


Figure 2. Univariate analyses for association between onset of MI and 24-hour average concentrations of $\text{PM}_{2.5}$. Odds ratios and 95% CIs for an increase of 20 $\mu\text{g}/\text{m}^3$ $\text{PM}_{2.5}$.

Association Between PM and HRV in Elderly People with CV Disease

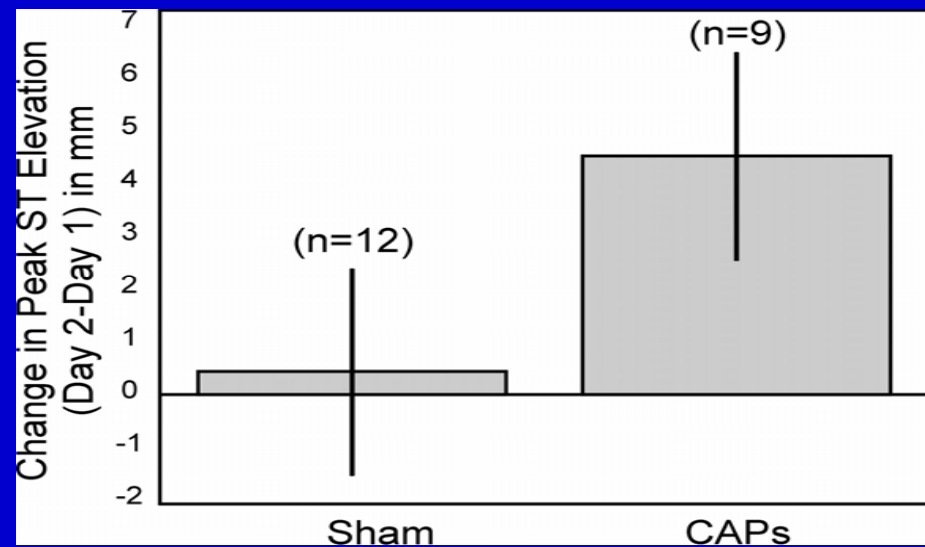
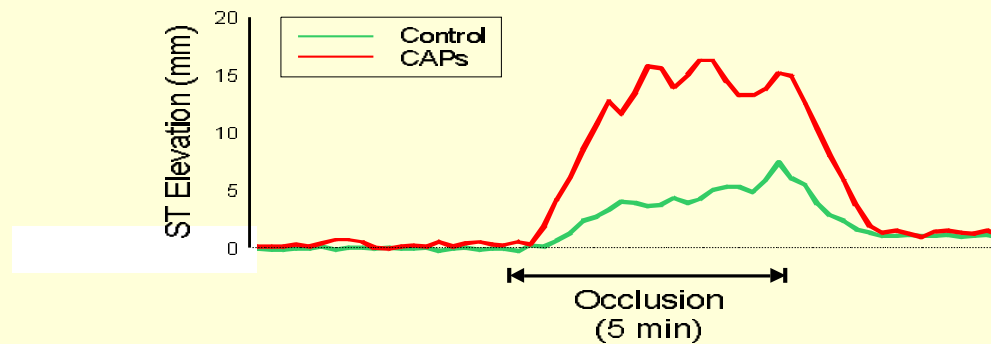
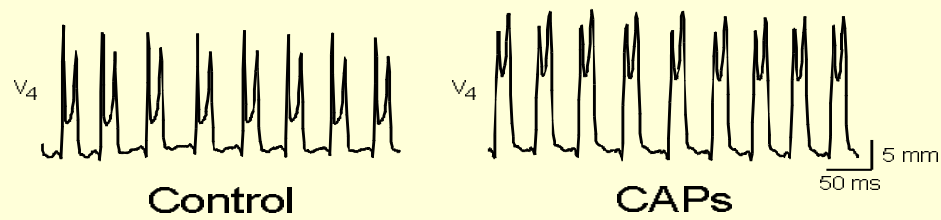


Canine Myocardial Ischemia Model



- Implantation of balloon occluder for coronary artery occlusion
- 5 min occlusions with CAPs or Sham exposures.

Wellenius et al



Wellenius et al., 2002

Susceptible Populations: Diabetics

- Diabetes is characterized by disturbances in cardiovascular risk factors - increased WBC counts and fibrinogen - and adverse vascular events
- The disease is associated with endothelial dysfunction which further increases the risk for cardiovascular events
- The incidence of diabetes is increasing

Percent Increases in Admissions for 10 $\mu\text{g}/\text{m}^3$ Increase in PM_{10} : Results of Meta-Regression in Four Cities.

Age	Diabetes			
	With		Without	
	%	(95% C.I.)	%	(95% C.I.)
Young	1.6	(1.2-2.0)	0.9	(0.6-1.1)
Old	2.0	(1.6-2.4)	1.3	(1.0-1.5)

Zanobetti et al, 2002

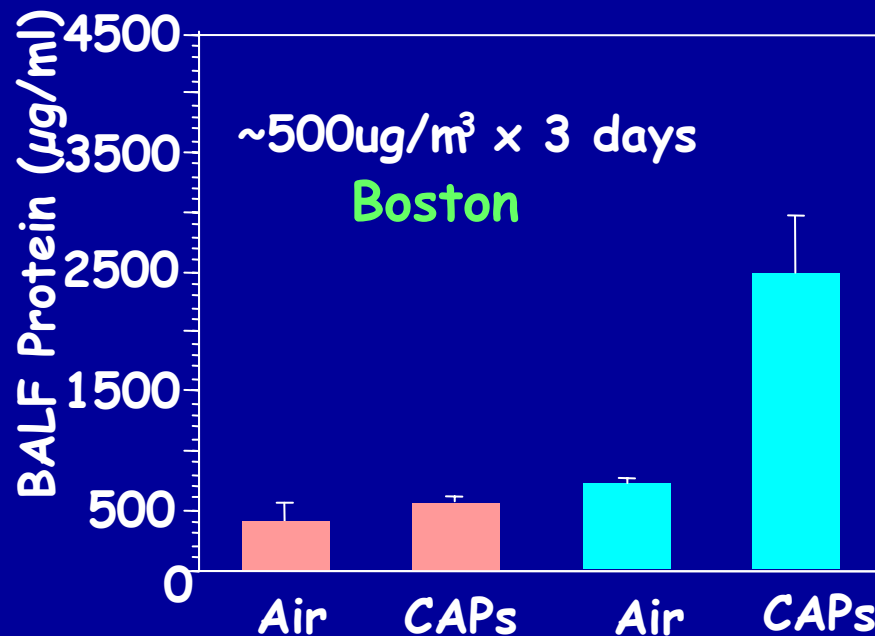
Susceptible Populations: Lung Disease

- Panel studies link PM with an increase in asthma symptoms and medication use
- Animal models demonstrate relationships between chronic lung disease, lung inflammation and respiratory infections
- Clinical studies suggest possible basis for transition to asthma

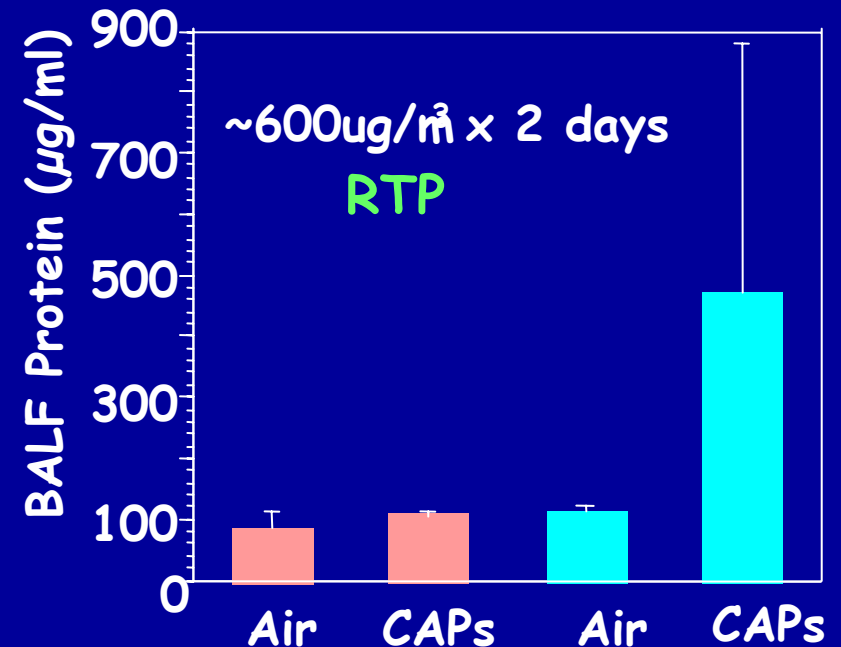
Lung Disease: Asthma & PM

- 133 children with asthma; 58 days of data/child
- Daily symptoms (wheeze, sob); Daily PM_{2.5}
- 18% (5-33%) increased risk of a symptom/10 $\mu\text{g}/\text{m}^3$ increase in PM_{2.5} (Yu, et al. 2000)
- Children with asthma (CAMP study)
- PM_{2.5} lagged one day was associated with a 1.2 times increased odds of asthma attack and 1.08-fold increase in use of rescue medication (Slaughter, et al. 2003)

CAPs causes Pulmonary Inflammation in Bronchitic Rats



Clarke et al., 1999



Kodavanti et al., 2000

Effects of DEP on Human *In Vivo* Allergic Responses

Diesel Exhaust Particles (Nasal instillation)

- Enhance local mucosal IgE production
- Induce an inflammatory response of cells, chemokines and cytokines

Diesel Exhaust Particles Plus Allergen

- Enhance local antigen specific IgE production
- Deviate cytokine production toward a TH2 profile
- Drive *in vivo* isotype switch to IgE

Diaz-Sanchez et al., 1992, 1999

Susceptibility: Areas of Future Emphasis

- Pregnancy and pregnancy outcomes: low birth weights and prematurity
- Children: reduced lung growth
- Neurological disease: transmission of particles to the brain, e.g., Alzheimer's disease

Susceptibility: Areas of Future Emphasis

- Systemic disease states which we have never considered linked to environmental exposures are yet to be explored - e.g., lupus, arthritis and other systemic inflammatory diseases
- Implications for engineered nanoparticles
- Genes and Polymorphism - the interaction of environment and genes